

**STATE OF VERMONT**  
**MEDICAL PREMIUMS FOR COBRA CONTINUATION COVERAGE**  
**MONTHLY**

**TOTALCHOICE PLAN PREMIUMS EFFECTIVE JANUARY 1, 2015**

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$956.81	One Person
1A	\$1,913.63	Two Person
1B	\$2,631.24	Family

**SELECTCARE POS PLAN PREMIUMS EFFECTIVE JANUARY 1, 2015**

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$800.79	One Person
1A	\$1,601.55	Two Person
1B	\$2,202.14	Family

**DENTAL PLAN PREMIUMS EFFECTIVE JANUARY 1, 2015**

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$38.17	One Person
1A	\$70.23	Two Person
1B	\$133.05	Family